

2007

D-30

Unincorporated Business Franchise Tax
Forms and Instructions

# **Secure - Accurate - Convenient ...**

**DISTRICT OF COLUMBIA** 



# Make Your Estimated Tax Payments Electronically Today! www.taxpayerservicecenter.com

Any <u>estimated</u> tax liability in excess of \$25,000, must be paid electronically.

PRSRT STD
U.S. POSTAGE
PAID
PERMIT NO. 7335
WASHINGTON, DC

- We have added Schedule UB, Business Credits.
   It includes the new organ and bone marrow donor credit.
- You can make your estimated tax payments electronically with e-check, ACH Credit and ACH Debit.
- When making a payment with your D-30 please use the voucher (D-2030P) provided.

# **Contents**

Need assistance? 4

Who must file a Form D-30? 5

When do you not have to file Form D-30? 5

When and where should you file your Form D-30? 5

How to avoid penalties and interest **5** 

Which other DC forms may you need to file? 6

Explanation of terms 6

Instructions for the 2007 Form D-30 6

Form D-30 Unincorporated Business Franchise Tax Return 13

Schedule UB Business Credits 19

Form D-2030P Payment Voucher and instructions 29

Form FR-128 Extension of Time to File DC Franchise or Partnership Return and instructions 33

Form D-30 NOL Net Operating Loss Deduction for Years before 2000 37

Form D-30 NOL Net Operating Loss Deduction for Year 2000 and Later 39

Form D-2030C Change of Name or Address 41

**New:** The Organ and Bone Marrow Donor Act of 2006 provides a credit to an employer who allows an employee up to 30 days paid leave to donate an organ and up to 7 days paid leave to donate bone marrow.

This is a non-refundable credit equal to 25% of the regular salary paid to the donor-employee during the leave period. This credit may not be used to reduce the \$100 minimum tax. An employer claiming this credit may not also deduct the salary paid for the same leave period.

Note: At the time this tax package went to print, line references to federal tax forms were correct.

# Need assistance?

**File or pay online:** www.taxpayerservicecenter.com

## **Get tax forms**

Download forms at www.taxpayerservicecenter.com

Reguest forms by mail: 202-442-6546

Pick up forms:

Office of Tax and Revenue

941 North Capitol St NE 1st floor

8:15 am-4:30 pm

**Recorder of Deeds Building** 

515 D St NW Lobby 8:30 am-4:30 pm

**Penn Branch** 

3220 Pennsylvania Av SE 8:15 am-4:30 pm Tuesdays and Thursdays

**One Judiciary Square** 

**Wilson Building** 

2000 14th St NW Lobby

**Reeves Center** 

7 am-7 pm

1350 Pennsylvania Av NW Lobby 7 am-7 pm

441 4<sup>th</sup> St NW Lobby

7 am-7 pm

**Municipal Center** 

300 Indiana Av NW Lobby

6:30 am-8 pm

**MLK Jr Memorial Library** 

901 G St NW

**Business Information Center** 

Sunday, 1-5 pm

Monday-Thursday 10 am-9 pm

Friday, Saturday 10 am-5:30 pm

# Ask tax questions

Contact our Customer Service Call Center: 202-727-4TAX(4829)

**Regular hours** 

8:15 am-4:30 pm Monday-Friday

**Extended hours** 

March 31 - April 14 - 8:15 am-7:00 pm; April 15 - 8:15 am-7:00 pm

Monday-Friday

# Ask tax questions; get tax forms preparation help free

Visit our Walk-In Center, 941 North Capitol St NE, 1st floor

**Regular hours** 

Monday-Friday

**Extended hours** 

March 31 - April 14 - 8:15 am-7:00 pm; April 15 - 8:15 am-7:00 pm 8:15 am-4:30 pm

Monday-Friday

Visit our Penn Branch Satellite Center, 3220 Pennsylvania Av SE

**Regular hours** 

8:15 am-4:30 pm Tuesdays and Thursdays

Do you need help with this form? Visit our Walk-In Center, at 941 North Capitol St NE. (1st floor)

Are you unable to hear or speak? Call the DC Relay Service, 202-855-1234.

[Chinese/中文] 您需要協助閱讀或了解英文嗎?請致電 202-727-4829 或請到 941 North Capitol St NE,要求免費語言熱線(Language Line)口譯員協助您。

[Korean/한국어] 영어를 읽거나 이해하기 위해 다른 사람의 도움이 필요하십니까? 202-727-4829 번으로 전화하시거나 941 North Capitol St NE를 방문하십시오. 귀하를 도와드릴 무료 랭귀지 라인(Language Line) 통역사를 요청하십시오.

[Spanish/Español] ¿Necesita ayuda para leer o entender inglés? Llame al 202-727-4829 o venga a 941 North Capitol St NE. Pida que le asignen un intérprete de la Línea de los Idiomas (Language Line) para que le ayude, sin costo alguno.

[Vietnamese/Tiếng Việt] Quý vị có cần giúp đỡ để đọc và hiểu Anh ngữ không? Xin gọi 202-727-4829 hoặc đến 941 North Capitol St NE. Yêu cầu có được thông dịch viên Đường Dây Ngôn Ngữ (Language Line) để giúp đỡ miễn phí cho quý vi.

# Who must file a Form D-30?

Generally, an unincorporated business, with gross income over \$12,000, must file a D-30 (whether or not it has net income). This includes any business carrying on or engaging in any trade, business, or commercial activity in DC and receiving income from DC sources.

- To determine if you need to file, please note that gross income includes revenue from all DC sources after deducting the cost of goods sold, but before taking expenses and other deductions allowed when calculating net income.
- The act of carrying on or engaging in a trade or business in DC is determined by the nature and extent of the unincorporated business' activities in DC conducted by: its owners; members; or through employees, consultants, agents or other representatives.

An unincorporated business with gross income in DC of over \$12,000 from any of the activities listed below, must also file a D-30 return.

- Rental of real or tangible personal property; or
- Leasing of real or tangible personal property; or
- Any other similar arrangement.

If a business is terminated as the result of the sale of its assets, even if there is no tax due, the business is still required to file a D-30.

If the sale of a business' assets results in termination of the business – the owner(s) must report gain/loss on their individual returns. (There may also be depreciation recapture to report.)

**NOTE:** An unincorporated business with gross income of \$12,000 or less does not need to file a D-30 return nor does it need to pay the \$100 minimum franchise tax.

You may have to file other DC returns. If you have other business activities with gross income of \$12,000 or less and you operated as:

- A partnership, you must file a Form D-65;
- A DC resident sole proprietor, you must file a Form D-40; or
- A DC resident trust, you must file a Form D-41.

# **Multiple businesses**

If an individual or group of individuals carries on two or more distinct unincorporated businesses in DC (none of which are exempt), they must be reported on one return. Include all income and expenses on that one return. You may provide separate computations to show the net income or loss of each business.

# Taxicab/Limo Drivers

Any taxicab/limo driver who is not a resident of the District of Columbia and who operates a motor vehicle for hire in the District must file a form D-30. The filing of the D-30 is a requirement for operating or continuing to operate a motor vehicle for hire in the District by a nonresident.

# When do you not have to file Form D-30?

You do not have to file if -

- You are an organization recognized as exempt from DC taxes.
  - To maintain your DC tax-exempt status, each year you must send a copy of your IRS Form 990, 990PF, or 990EZ to: Office of Tax and Revenue, PO Box 556, Washington DC 20044-0556.
  - Any unrelated business income, as defined in Internal Revenue Code (IRC) §512, is subject to the DC franchise tax and a Form D-20, Corporation Franchise Tax Return, must be filed.
- The trade or business is, by law, custom or ethics, unable to incorporate.
- It is a trade or business licensed by DC to a blind person, for operating a stand in a federal building.
- You are a professional corporation, incorporated under the DC Professional Corporation Act and, therefore, you must file a

Form D-20.

- It is a trade, business or professional organization where:
  - 80 percent of its gross income comes from personal services actually rendered by owners or members of the business; and
  - Capital is not a material income-producing factor.
    The 80 percent requirement is met if the activities of your employees, consultants and agents have or are presumed to have produced gross income for the business in an amount at least equal to the gross amount paid them.
    The 80 percent test is not satisfied if the amount paid these persons exceeded 20 percent of the business' gross income. If this test is not met, the business is not exempt from DC taxes and must file a return.

**NOTE:** If an individual or group of individuals is engaged in two or more separate and distinct businesses during the tax year, each business is separate when determining tax-exempt status.

# When and where should you file your Form D-30?

File your return and pay any tax due by April 15th if you are a calendar year filer; and by the fifteenth day of the fourth month after your tax year closes, if you are a fiscal year filer. If the due date falls on a Saturday, Sunday, or legal holiday, the return is due the next business day.

# **Return with a payment**

Mail the return and payment to: Office of Tax and Revenue, PO Box 7572, Washington DC 20044-7572. Make the check or money order payable to the DC Treasurer. Write your FEIN or SSN, D-30 and the tax year on the payment. Attach your payment to the Form D-2030P, Payment Voucher (included in this booklet) and mail it with your return. Do not attach it to the return.

# Refund or no payment return

If you are not including a payment, mail the return to: Office of Tax and Revenue, PO Box 234, Washington, DC 20044-0234.

Mail labels for these two PO Boxes are on the back flap of the return envelope in this booklet.

# **Extension of time to file**

You may request an extension of time to file your D-30 return by filing DC Form FR-128 (copy included) no later than the <u>return</u> due date. You must pay any tax liability in full with the extension request; otherwise, the request will be denied. Do not use the federal extension form to make this request.

# How to avoid penalties and interest

# File your return and pay on time

The Office of Tax and Revenue (OTR) will charge a 5 percent per-month <u>penalty</u> for failure to file a return or pay any tax due on time. The penalty is calculated on the unpaid tax for each month or part of a month that the return is not filed or the tax is not paid. The maximum penalty is an additional amount equal to 25 percent of the tax due.

You will be charged <u>interest</u> of 10 percent per year, compounded daily, on any tax not paid on time. Interest is calculated from the due date of the return to the date the tax is paid. Interest on any underpayment of tax will accrue even if you have an extension to file your return.

# **Underpayment penalties**

In addition to penalties for filing late, there are penalties for underpayment of tax due to negligence, substantial understatement of franchise tax liability and a substantial or gross valuation misstatement.

- Negligence means failure to make a reasonable attempt to comply with tax provisions or failure to exercise ordinary and reasonable care in return preparation without intent to defraud.
- A substantial understatement of franchise tax liability occurs when the understatement is more than the greater of 10 percent of the tax required to be shown on the return for the tax year or \$4,000. The penalty is an additional amount equal to 20 percent of the portion of tax due to negligence or a substantial understatement.
- There are two types of valuation misstatements –
   A valuation misstatement is <u>substantial</u> if the correct valuation differs by 200 percent or more from the amount shown on the return. This penalty is an additional amount equal to 20 percent of the underpayment due to the valuation misstatement.
- A valuation misstatement is gross if the correct valuation differs by 400 percent or more from the amount shown on the return. This penalty is an additional amount equal to 40 percent of the underpayment due to the valuation misstatement.

#### Paid tax preparer penalty

OTR imposes a penalty when tax liability is understated. Penalties are assessed if a paid tax preparer:

- prepares a return or refund claim based on an unrealistic position;
- should have known the applicable law or regulation;
- does not adequately disclose relevant facts for the position;
- · willfully attempts to understate tax liability; or
- fails to sign a return or refund claim.

Penalties range from \$50 to \$1,000 for each return or refund claim.

# **Charge for Dishonored Checks**

You will be charged \$65 if your check is returned to us.

# **Fraud penalty**

If OTR finds that part of an underpayment is due to fraud, it will presume the entire underpayment is due to fraud. You have the burden of proof to show that it is not due to fraud. If any part of an underpayment of tax is due to fraud, OTR will add a 75 percent penalty to your tax liability.

# **Electronic payment required**

If your estimated tax liability is in excess of \$25,000 you must pay electronically. See www.taxpayerservicecenter.com.

# Underpayment of estimated tax

OTR will charge 10 percent per year, compounded daily, on underpayments of estimated franchise tax installment payments. The charge is computed from the payment due date to the date payment is made. It is in addition to the penalty imposed for false statements. For additional information see DC Form D-2220, Underpayment of Estimated Franchise Tax by Businesses. This charge will be assessed automatically by OTR's integrated tax system. If you complete a Form D-2220, attach it to your return.

# Which other DC forms may you need to file?

# **Business Credits, Schedule UB**

The various credits available to businesses have been consolidated on this schedule. The total from Schedule UB, Line 13 is reported on Line 39 of the D-30.

# Ballpark Fee (FR-1500)

You must file form FR-1500 and pay the Ballpark fee if you have \$5

million or more in annual DC Gross Receipts. For details see www. taxpayerservicecenter.com, click on Business Tax Service Center then click on Baseball-Related Fees and Taxes (under Filing Information).

# **Qualified high technology companies (QHTC)**

If you are a QHTC, you may be eligible for a credit for costs to retrain qualified disadvantaged employees. You need to file the supporting forms to be eligible for this credit. For the relevant forms and more details, see Publication FR-399, Qualified High Technology Companies. It is available on our website at www.taxpayerservicecenter.com and at our North Capitol St. location. If your company is a QHTC, fill in the QHTC oval at the top of page 1 of the Form D-30. You must also attach the QHTC-CERT form to the D-30. If you are claiming a QHTC retraining credit, attach completed forms D-30CR and FP-332.

# **Explanation of terms**

#### **Business income**

Income from transactions and activities in the regular course of the taxpayer's trade or business is business income. This includes income from tangible and intangible property if the acquisition, management and disposition of the property are part of the taxpayer's regular trade or business operations. Income of any type — manufacturing income, compensation for services, sales income, interest, dividends, rents, royalties, gains, operating and non-operating income from any class or from any source — is business income if it arises from transactions and activities occurring in the regular course of a trade or business. Whether income is business or non-business depends on the underlying transactions and activities — the elements of a particular trade or business. In general, transactions and activities that depend on or contribute to the operation of your enterprise constitute your trade or business. Such transactions and activities are those arising in the regular course of business and constituting integral parts of the trade or business.

# **Commercial domicile**

The principal place from which you direct or manage your trade or business.

# Compensation

Wages, salaries, commissions and other forms of remuneration paid or accrued to employees for personal services.

# Non-business income

All income except business income.

#### **Transportation company**

Any business engaged in transporting persons, goods or property of others for hire.

# Sales

All gross receipts, including dividends, interest and royalties, considered to be business income which are not required to be allocated.

## Taxable in another state

For purposes of the allocation of non-business income and apportionment of business income to another state, you must be subject to a net income tax, a franchise tax measured by net income, a franchise tax for the privilege of doing business or a corporate stock tax in that other state.

# **General Instructions**

# **Special rules on depreciation**

For DC tax purposes, you may not claim the federal bonus depreciation or additional expenses allowed under IRC §179. For federal tax purposes, businesses are eligible to deduct additional bonus depreciation and additional IRC §179 expenses. DC does not allow the additional depreciation or the additional IRC §179 expenses.

# Office of Tax and Revenue rulings

As of December 31, 2002, District revenue rulings issued prior to that date were revoked. Taxpayers cannot rely on these rulings unless resubmitted to the Office of Tax and Revenue for review and, if approved, reissued. Direct any rulings questions to OTR, General Counsel at (202) 442-6500 or by e-mail to OTRRuling@dc.gov.

# QHTCs filing the D-30

If your company is a certified QHTC please fill in the certified QHTC oval and complete Lines 1-36 of the D-30. A QHTC is liable for paying the \$100 minimum tax. Attach your completed QHTC-Cert form to the D-30.

# **Amended returns**

You must use the Form D-30 of the year you are amending. If the return is for 2001 or later, fill in the Amended Return oval and complete the Tax Year Ending box. Attach a detailed statement of adjustment(s). **Note:** Form D-2030X is obsolete for tax years after 2000.

If the IRS adjusts your federal return or if you file an amended federal return, you must file an amended DC return within 90 days. If the federal adjustment results in a DC tax refund, you must file an amended DC return within 180 days to claim the refund. It must be refunded – you may not use it as a credit carryover to the next year.

Mail the amended return and any attachments to the Office of Tax and Revenue, PO Box 7572, Washington DC 20044-7572.

#### **Final Return**

If you have ended business operations, fill in the final return oval on Page 1 of your return.

# **Estimated tax payments**

An unincorporated business must file a declaration of estimated franchise tax if it expects its DC franchise tax liability to exceed \$1000 for the taxable year. See the Form D-30ES, Declaration of Estimated Franchise Tax for Unincorporated Businesses, booklet for details and payment vouchers. You will be automatically assessed a penalty for any underpayment of DC estimated tax.

#### Refund offset

If you have other DC tax liabilities, OTR may apply all or part of any tax overpayment to offset them.

# Franchise tax rate and minimum tax payable

The tax rate is 9.975 percent and is applied to your "total taxable income" on Line 36 of Form D-30. The minimum payment is \$100.

# Incomplete forms will delay processing

Complete all items on the Form D-30. Otherwise, OTR will send the return back to you to provide the missing information.

# Taxable year beginning and ending

Enter your taxable year beginning and ending dates on page 1 of the D-30. It can be either a calendar year or a fiscal year.

# **NAICS Business Activity Codes**

Please enter the appropriate NAICS code on page 1 of your return. The codes are listed in FR-500, Combined Business Tax Registration Application. The FR-500 is on our website www.taxpayerservicecenter. com and is also available at our North Capitol St. customer service location.

#### All entries are dollars only

Do not enter cents. Enter only whole dollar amounts on the tax forms and schedules.

# Help us identify your forms and attachments

Write your FEIN/SSN, tax period, business name and address on all forms and statements submitted with your return. Your identification number is used for tax administration purposes only.

# **Signature and verification**

An authorized officer of the unincorporated business must sign the return. A receiver, trustee, or assignee must sign any return that he/she is required to file for the business. Any person who prepared the return for compensation must also sign the return and provide the requested identification number. If a firm or corporation prepares a return, it should be signed in the name of the entity. The signature requirement does not apply when a taxpayer's regular employee prepares the return.

#### **Forms**

An easy and fast way to get tax forms is by downloading them from our website. Go to www.taxpayerservicecenter.com, then click on Tax Forms/Publications.

#### **Tax fraud hotline**

Anyone suspecting tax fraud is encouraged to report it to the Tax Fraud Hotline at 1 800-380-3495 or by e-mail at <a href="mailto:TaxFraudHotline@dc.gov">TaxFraudHotline@dc.gov</a>.

# **Specific Instructions**

# **Negative amounts**

If you enter a negative amount, fill in the oval to the left of the entry blocks. **Do not use a minus sign.** 

# **Allocation and apportionment required**

Any unincorporated business carrying on a trade or business in DC and other jurisdictions must apportion its business income among DC and the other jurisdictions. Apportion the net income from trade or business activities using the appropriate apportionment formula. See Schedule F of the D-30. You must allocate your non-business income.

# Non-business income allocation

# Non-business income

Allocate items of non-business income to DC. The following gains and losses from sales or other dispositions of property are allocated to DC:

- Real property located in DC (other than realty used in the trade or business whether held for sale or otherwise);
- Tangible personal property (other than any tangible personal property used in the trade or business whether held for sale or otherwise) if:
  - The property had a situs in DC at the time of sale or other disposition: or
  - Your principal place of business is in DC and you are not taxable in the situs state.
- Intangible personal property (other than intangible personal property
  of any kind used in the trade or business whether held for sale or
  otherwise) is allocable to DC if your principal place of business is
  in DC.

Allocate to DC net rents and royalties from real property located in DC.

Allocate to DC interest and dividends derived from sources in DC unless specifically excluded from taxation and subject to apportionment as business income.

Allocate to DC income from rents and royalties, patents, copyrights, trademarks, service marks, secret processes and formulas, franchises and similar property (if not used in the trade or business). These royalties are

allocated according to the patent's location or place of use, or where the copyrighted material is published or used. If DC is the principal place of business of a business entity, not subject to tax anywhere else, then the rent or royalty income is allocable to DC.

Income from the sale of tangible personal property to the United States Government by a business that has its principal place of business outside DC is income from DC sources if the property is delivered from outside DC for use in DC.

All other non-business income derived from sources in DC is allocable to DC.

Where income is allocable among DC and other jurisdictions, you must allocate all expenses, losses and other deductions incurred in the production of the income in the same way. Losses incurred in the production of non-business income are allowable if any profit from the transaction would have been taxable.

# **Gross Income**

**Note:** When we request that a statement be attached, the attachment should show the source of the items making up the entries.

# D-30, page 1, line-by-line

#### Line 1 Gross receipts, minus returns and allowances

Enter the total gross receipts from sales and operations, minus returns and allowances.

# Line 2 Cost of goods sold and/or operations

Enter the figure from D-30, Schedule A, Line 8. If the production, manufacture, purchase, or sale of merchandise is an incomedetermining factor in the trade or business, you must inventory merchandise at the start and end of the tax year. You may value it at your cost or at the lower of cost or market, or by another IRS-approved method. You must continue to use the inventory method chosen until you get permission from OTR to change. If the inventories do not agree with the balance sheet figures, attach a statement explaining the reason for any differences.

Cost of Operations (where inventories are not an income-determining factor). If the amount entered on Line 2, page 1, includes an amount applicable to the cost of operations, attach a statement showing in detail: (1) salaries and wages; and (2) other costs.

# Line 3 Gross profit

Line 1 minus Line 2. Enter the result on Line 3.

# **Line 4 Dividends**

Enter the total of all taxable dividends. You may deduct Subpart F income (as defined in IRC §952). Attach a detailed statement showing the calculation of the taxable amount.

# **Line 5 Interest**

Enter all interest which the business received or is credited with during the tax year, including interest paid on obligations of a State, Territory of the United States, or any of their political subdivisions, except those of DC.

Exclude interest income on obligations or securities issued by the United States or its instrumentalities included in federal gross income.

Expenses incurred in the purchase or production of income from U.S. Treasury securities are included on Line 26(b). (Attach a detailed statement.)

# **Line 6 Gross rental income**

Enter the gross amount you received from the rental of real or personal property shown on Schedule D, page 3, column 3, Line 7, Form D-30. Do not enter rental income on Line 26(a) that is related to a trade or business.

**Note:** DC does not allow the additional bonus depreciation that is allowed under federal law. If you claimed this additional depreciation on your federal return, you must recompute depreciation for DC tax purposes without claiming the bonus depreciation. Attach a computation showing that your DC claimed depreciation does not include the 30 or 50 percent federal bonus depreciation and that the basis of the property, for DC tax purposes, has not been reduced by the bonus depreciation amount claimed on your federal return. DC also does not allow the additional IRC §179 expenses. If you claimed these additional expenses on your federal return, reduce the expenses claimed on your D-30 by that amount.

# **Line 7 Royalties**

Report royalty income and related expenses in the same manner as rental income and rental expenses. Royalties from patents you developed, from the licensing of processes or a trade name and sales of know-how are business income.

# Line 8(a) Net Capital Gain

Capital gains or losses are treated in the same manner as they are for federal corporation income tax purposes. (See detailed instructions on Federal Schedule D, Form 1120, Corporation Income Tax Return.) Report IRC §1231 gains as business income on Line 8(a).

**Note:** Since the 30 and 50 percent federal bonus depreciation are not allowed for DC tax purposes, recalculate the capital gain/loss reported on your federal return without taking into account the federal bonus depreciation amount. Attach a statement showing the adjustments.

**Line 8(b) Ordinary gain (loss)** from Part II, Federal Form 4797 Enter the total ordinary gain (or loss) from your federal Form 4797, Sales of Business Property. Attach a copy of your Form 4797.

# **Line 9 Other Income**

Enter the total income not reported elsewhere on the return; attach a detailed statement. Do not enter on Line 26(a) other income related to a trade or business. Enter it on line 9.

# **Line 10 Total gross income**

Add lines 3 through 9.

# **Deductions**

Deductions are allowed if they are ordinary and necessary and directly related to business income as explained in these instructions. Do not take deductions on this return for interest, taxes, contributions and other itemized deductions normally deductible on individual income tax returns filed by the owners or members of the business.

# **Line 11 Salaries and wages**

Enter all salaries and wages not deducted elsewhere on the return.

- Do not include compensation of the owners/members of the unincorporated business.
- Do not include wages incurred in computing the Economic Development Zone Incentives credit.

# Line 12 Repairs

Enter the cost of incidental repairs, including labor, supplies and other items that do not add to the value or appreciably prolong the property's

life. You may charge to a capital account, expenditures for new buildings, machinery, equipment and/or permanent improvements or betterments that increase the value or appreciably prolong the life of the property.

#### Line 13 Bad debts

Report bad debts in the same manner as you report them for federal tax purposes. Attach a copy of the information you submitted with your federal return.

**Line 14 Rental expenses related to rental income** from Schedule D, Line 8, Form D-30. Do not include the federal bonus depreciation. Do not deduct elsewhere on the D-30 expenses related to rental income.

#### **Line 15 Rent**

Enter the amount of rent paid or accrued for business property in which the unincorporated business has no equity.

#### **Line 16 Taxes**

Enter taxes imposed on taxpayers as reported in Schedule C, page 3, Form D-30. Do not deduct these taxes:

- Income and excess profit taxes;
- DC franchise tax: or
- Taxes assessed against the property for local benefits of a kind tending to increase the value of the property assessed.

# **Line 17 Interest expense**

Enter interest paid or accrued on business debt (Schedule E, page 4). If any interest income is not subject to the DC unincorporated business franchise tax, then the related interest expense is not deductible.

### Line 18 Contributions and/or gifts

Enter from Schedule B, page 3, Form D-30, contributions and/or gifts made to qualified organizations in the tax year. This deduction may not exceed 15 percent of the net income, (Line 23), of the business before the contributions and gifts are deducted. Attach a separate statement with detailed information about the contributions and gifts. Contribution and gift carry-overs are not allowed.

# **Line 19 Amortization**

Enter the amortization amount from your federal Form 4562, Depreciation and Amortization. Attach a completed copy of Form 4562 to your D-30 return.

# **Line 20 Depreciation**

Enter the depreciation amount claimed on your federal Form 4562.\* Do not include amounts deducted on Line 14 or elsewhere on the D-30. You must use on your DC return, the same depreciation method used on your federal return. Attach a copy of your Form 4562.

You must recapture depreciation on your D-30 from the sale of an asset that caused the unincorporated business to terminate. Report any gain in excess of the recaptured amount on the individual income tax returns of the owners or members.

\*Note: If you claimed the federal bonus depreciation amount or additional IRC §179 expenses on your federal return, do not claim these amounts on your D-30. Recompute the depreciation taken for DC tax purposes without the federal bonus depreciation. Attach a statement showing the recomputation.

# Line 21 Other allowable deductions

Enter the amount from Schedule G, page 4, Form D-30.

# **Line 22 Total deductions**

Add lines 11–21 and enter on Line 22.

# D-30 page 2, line-by-line

#### Line 23 Net Income

Subtract Line 22 from Line 10; enter the amount on Line 23

# **Line 24 Net operating loss deduction**

Enter any DC net operating loss carried forward from a year <u>before</u> 2000. DC does not allow a net operating loss <u>carryback</u>. A form for claiming the NOL is provided.

# Line 25 Net income after net operating loss deduction

Line 23 minus Line 24. Enter this amount on Line 31 if the income is entirely business income from a DC trade or business and, therefore, not subject to apportionment. Fill in the oval if the amount is a minus.

# Line 26(a), (b) and (c)

Report on Lines 26(a) and 26(b) non-business income and related expenses. Include expenses connected with the production of income from U.S. Treasury securities on line 26(b). Enter the net difference on Line 26(c). Submit a detailed statement explaining how you allocated the income and expenses.

# Line 27 Net Income from trade or business subject to apportionment

Subtract Line 26(c) from Line 25. Enter the amount on Line 27.

# **Line 28 DC apportionment factor**

Enter the factor from line 5 of Schedule F, page 4, Form D-30.

# Line 29 Net income from trade or business apportioned to DC

Multiply the amount on Line 27 by the DC apportionment factor on Line 28. Enter the result on Line 29.

**Line 30** Enter the Line 26(c) income attributable to the District.

# **Line 31 Total District net income (loss)**

Add Lines 29 and 30. Enter the result on Line 31.

# Line 32 Salary for owner(s)/member(s) services

See Schedule J, column 4, page 5, Form D-30. You may deduct a reasonable amount for salaries or other compensation for personal services actually rendered by the owner(s) or member(s) of the business in the active conduct of the business.

- The reasonable amount of compensation for owner(s) and members(s) is reduced by any fees paid to an independent management or collection entity for management services performed for the business.
- Do not claim an amount accrued to an owner(s) or member(s) as a drawing account unless it is for services actually rendered.
- The aggregate deduction allowed for salaries or other compensation may not exceed 30 percent of the Line 31 amount.

# **Line 33 Exemption**

An exemption of up to \$5000 is allowed.

- Enter the number of days this return covers in the boxes on Line 33(a). If it is a full year enter 365 days and enter \$5000 on Line 33.
- Prorate the exemption if the return is for less than a full year because either the business started after the beginning of the tax year or it ceased before the end of the year. Prorate the exemption by dividing the number of days entered on line 33(a) by 365 to arrive at a percent. Multiply \$5000 by that percent. Include a statement showing your calculation of the exemption amount. Also enter for each member a portion of this amount in Schedule J, column 5, Form D-30.

# Line 34 Total taxable income before apportioned NOL deduction

Add lines 32 and 33 and subtract the result from line 31. Enter the result on Line 34.

# **Line 35 Apportioned NOL deduction**

Enter the amount of any DC apportioned net operating loss carry forward for year 2000 and later on Line 35. A form for claiming the NOL is provided.

# **Line 36 Total taxable income**

Enter the result of subtracting the line 35 amount from the line 34 amount.

# Line 37 TAX

Calculate the tax by multiplying any positive amount on Line 36 by .09975. Enter the result on Line 37.

**Minimum Tax** – If your business has gross income of more than \$12,000 (Line 10) and Line 36 shows taxable income of less than \$1003, your minimum tax is \$100. Enter this amount on Line 37.

# **NOTE to QHTC Filers:**

If your company is a QHTC, it is exempt from the franchise tax but not from the \$100 mimimum tax payment. Attach a copy of the QHTC-CERT form to your return and fill in the "if certified QHTC" oval on page 1.

#### **Line 38 Payments**

Enter amounts paid with:

- Your request for an extension of time to file (or your original return if you are filing an amended return); or
- Your estimated tax payments (Form D-30ES). Also include any overpayment carryover from your 2006 D-30 return.

## **Line 39 Credits from Schedule UB**

Enter the amount from Schedule UB, Line 13. Attach the QHTC retraining tax credit Form D-30CR if you claim this credit. (Form D-30CR is in publication FR-399. See our website www.taxpayerservicecenter. com.)

# Line 40 Total of Lines 38(a), (b) and 39

Add Lines 38(a), (b) and 39; enter the result.

# **Lines 41 to 44**

Follow the instructions on the form.

# Form D-30 schedules

# **Schedule F – DC Apportionment Factor**

An unincorporated business engaging in a trade or business both in and outside DC must use property, payroll and sales as the three factor formula to apportion its business income.

Unincorporated businesses domiciled in DC and not subject to tax elsewhere must report 100 percent of their net business income and allocate 100 percent of their non-business income to DC.

Unincorporated businesses carrying on a trade or business in DC and in other jurisdictions must apportion trade or business income to DC. Multiply the total income by a fraction. The numerator is the property factor plus the payroll factor plus the sales factor. The denominator is three, reduced by the number of factors without a denominator.

# Property Factor

The property factor is a fraction; the numerator is the average value of real and tangible personal property you owned or rented and used in DC during the tax year. The denominator is the average value of <u>all</u> real and tangible personal property you owned or rented and used during the tax year. Do not include in the numerator or

the denominator, any property or portion of property, not used to produce business income.

**Transportation companies** – the numerator also includes the portion of the average value of vehicles, rolling stock, aircraft, watercraft and other equipment used during the taxable period to transport persons and property both in and outside DC. This portion is determined by comparing the total miles per unit of equipment traveled in DC compared to the total mileage traveled everywhere by each class of property.

**Railroad companies** – the classes of property included are those you report for DC personal property tax purposes (DC Code §47-1512).

Where property is used in any activity, the income from which is allocable or apportionable, you may use (or OTR may require) any method that properly reflects the portion of the average value used to arrive at the property factor. This is subject to OTR approval.

Property you own is valued at its original cost to you plus the cost of any additions and improvements. If you cannot determine your original cost or if the cost is zero, value the property at its market value when you acquired it.

Property rented to you is valued at eight times the net annual rental. (The annual rental you paid is decreased by any annual rental you receive from sub-rentals, provided the rental and sub-rental rates are reasonable.) Include in the annual rental, amounts paid or accrued for the use or rental of property or facilities of another. This net annual rate includes amounts whether paid as rent, as reasonable compensation for use or under any other designation, pursuant to statutory enactment, lease, or rental agreement of any kind, contract, or otherwise. Do not include payments for leased property capitalized for federal tax purposes as rent. You may only include these payments in this factor to the extent of their capitalized value for federal tax purposes. If OTR determines that any net annual rental rate or sub-rental rate is unreasonable, or if a nominal or zero rate is charged, OTR may determine and apply a rental rate that reasonably reflects the property's rental value.

To determine the property's average value, average the values at the start and end of the tax period. You may, if necessary, use monthly or quarterly values during the tax period, to properly reflect the average value of the property (subject to OTR approval).

# Payroll Factor

The payroll factor is a fraction; the numerator is the total compensation you paid to or accrued for persons performing services for you in DC during the tax year. The denominator is the total compensation you paid or accrued everywhere during the tax year. Do not include in the numerator or denominator, compensation paid or accrued to employees for personal services in the production of non-business income. Compensation other than in cash, is valued at its fair market value on the date of payment or accrual. Do not include payments to independent contractors in this factor.

**Transportation companies.** The numerator also includes that portion of the total compensation paid or accrued to employees employed on vehicles, rolling stock, aircraft, watercraft and other equipment you used during the taxable period to transport persons and property between DC and other jurisdictions. To determine this factor, apply the percentage computed (as in the property factor) to the total compensation.

If you pay or accrue compensation for services, which generate income that can be allocated or apportioned, you may use any method that will properly reflect the average value used to calculate

the payroll factor. The method used is subject to OTR approval. Compensation is paid or accrued in DC if:

- the individual's services are performed entirely in DC; or
- the individual's services are performed in DC and other jurisdictions, but the services performed outside DC are incidental to the individual's services performed in DC;
- some of the individual's services are performed in DC and:
  - (1) the base of operations or, if there is no base of operations, the place from which services are directed or controlled is in DC; or
  - (2) the base of operations or place from which services are directed or controlled is not in DC, or in any state where some part of the services are performed, but the individual's residence is in DC.

# Sales Factor

The sales factor, except for transportation companies, is a fraction; the numerator is the taxpayer's total sales in DC during the tax year. The denominator is the taxpayer's total sales everywhere during the tax year.

**Transportation companies** – the sales factor is a fraction; the numerator is the total revenue units the company first received as originating or connecting traffic at a point in DC. Add to this the total revenue units the company discharged or unloaded at a point in DC, at the termination of the transportation movement or for transfer to a connecting carrier. The denominator is twice the total revenue units originated everywhere during the tax year. One ton of freight equals one revenue unit; ten passengers equal one revenue unit. If the company's revenue is predominantly from transportation of passengers, you may use the number of passengers loaded and discharged, in place of originating and terminating tonnage.

Tangible personal property sales, including sales to the United States Government, are considered to occur in DC, no matter where title is transferred, FOB point, or other sales conditions, if the property:

- Is delivered or shipped to a purchaser in DC; or
- Has an ultimate destination in DC, after all transportation (including any by the purchaser) is complete; or
- Is delivered or shipped from an office, store, warehouse, factory, or other storage place in DC to a destination outside DC — and is not taxable in the state to which the property is shipped or delivered.

Except for transportation companies – non-tangible personal property sales are considered as occurring in DC if the income-producing activity or service is performed:

- In DC; or
- The proportion of the income-producing activity or service performed in DC is greater than that performed in any other jurisdiction, based on performance cost.

**Schedule H – Income not reported** (claimed as nontaxable) –(page 4 of Form D-30)

List all income of the unincorporated business that you consider not subject to the DC unincorporated business franchise tax. State why the income should be considered nontaxable.

**Schedule I - Balance sheets** (page 4 of Form D-30)

Submit balance sheets for the start and end of the tax year. Conform them to the unincorporated business' books and records and your federal return. Attach to your D-30 an explanation of any variation.

# **Schedule J Distribution and Reconciliation of Net Income (or Loss)** (Page 5 of Form D-30)

Under provisions of DC Code §47-1805.01(a), you must enter the SSN of each of the owners. The SSN is necessary for the proper identification of an owner's tax account with DC and will be used only for tax administration purposes. Any additional names, SSNs, etc. may be listed on an attachment filed with the return.

# Schedule UB, Business Credits

Use this schedule to claim the EDZI credit (see page 12), QHTC credits (see page 6) and the Organ and Bone Marrow donor credit.

The Organ and Bone Marrow Donor Act of 2006 provides a credit to an employer who allows an employee up to 30 days paid leave to donate an organ and up to 7 days paid leave to donate bone marrow.

This is a non-refundable credit equal to 25% of the regular salary paid to the donor-employee during the leave period. This credit may not be used to reduce the \$100 minimum tax. An employer claiming this credit may not also deduct the salary paid for the same leave period.

# **Supplemental information** (page 5 of Form D-30)

Please provide all the information requested in this schedule.

#### Genera

If using the income allocation and apportionment rules results in a tax that does not fairly represent the tax liability arising from your trade or business in DC or from non-business sources in DC, you may petition for, or OTR may require, if reasonable:

- a separate accounting, unless the entity is conducting a unitary business;
- exclusion of one or more of the factors;
- inclusion of one or more additional factors that fairly reflect the extent of your trade or business in DC; or
- use of any other method to effect a fair allocation and apportionment of your income.

# Recent legislation - New Markets Tax Credit

DC taxable income does not include the gross income of a qualified community development entity as defined in IRC section 45D(c)(1) that has received an allocation or suballocation of new markets tax credits from the federal government under IRC section 45D(f). This exclusion applies to the extent the gross income is derived from one or more qualified low-income community investments as defined in IRC section 45(d)(1). Effective 10/1/07. Complete Schedule G and enter on line 21, Other allowable deductions.

# **Economic Development Zone Incentives Credit**

**Supporting Documentation Required** If you are claiming an Economic Development Zone Incentives (EDZI) credit against your DC franchise tax liability, you MUST attach to your return:

- 1. a copy of the DC Council resolution approving the qualification for any credits claimed;
- a certification of eligible employees issued by the DC Department of Employment Services; and
- 3. a completed EDZI Credit Worksheet.

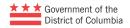
The EDZI Amendment Act allows a qualified business, under certain circumstances, to take various credits against its franchise tax liability. (The maximum annual credit is \$7500.) A qualified business is one that is approved as being qualified under Section 5 of EDZI by the DC Office of Economic Development. You MUST complete the worksheet below and include the necessary attachments with your return. The following credits are available under EDZI to qualified businesses:

1. a credit against the franchise tax in an amount equal to 50

- percent of the wages of all certified employees who meet the requirements of Section 10(b) of EDZI;
- a credit against the business' franchise tax in an amount equal to 50 percent of the insurance premiums attributable to all employees for whom it obtains employer liability insurance under the District of Columbia Workers Compensation Act of 1979; and
- 3. a rent credit for lessors against the business' franchise tax. The credit allowed is the difference between the rental market value of the space leased to a licensed non-profit child care center and the actual rent stated in the lease agreement as indicated in the DC Council resolution approving the qualification of the business. A non-profit child care center is a child development center as defined in Section 10 of EDZI.

A credit carry forward for five years is available for any EDZI credit not used in a previous year. The maximum amount that may be claimed in any year is \$7500, including any carry forward.

Economic Development Zone Incentives Credit Worksheet (maximum annual credit is \$7,500)										
Column 1 - Credit Category	Column 2		C	column 3	Column 4					
A. Certified employees wages	Total Wages \$	_ I '	0% of Vages	Col. 2 x .50 =	\$					
B. Certified (eligible employees) workers' compensation liability insurance premiums	Total Premiums \$	1 '	0% of remiums	Col. 2 x .50 =	\$					
C. Child care center rent (lessor)	Rental market value	\$								
	Total of Column 4 (if more than \$7	,500, e	nter \$7,500)		\$					
	Add any EDZI credit carry forward from a previous year									
	Total EDZI credit (enter on Schedule	e UB, Li	ne 8) (maxim	um \$7500)	\$					





# D-30 Unincorporated Business Franchise Tax Return



Important: Print in CAPITAL letters using black ink.

ШР	Ortar	t. I THIL III OAI TIAL letters using black link.		U	7 0 3	0 0 1 1	0 0 0 0
Тахр	ayer I	dentification Number Fill in if FEIN NAICS COD	DE fill in			OFFIC	CIAL USE
Busir	ness r	Fill in if SSN			Taxable v	year beginning MM/Y	/Y Taxable year ending MM/YY
						,	
Busir	ness a	ddress line #1				Fill in if /	Amended Return
							Certified QHTC
Busir	ness a	ddress line #2					Final Return
City				State	Zip Cod	de + 4	
Maili	ng ad	dress line #1				Numbe	r of business locations
Maili	na od	dross line #2				In DC	
IVIAIII	ng au	dress line #2					.00
City				State	Zip Coo	Outside de + 4	DC
o.e,				Otato	2.5 000	-	
	_	DEAD INCTRICTIONS DEFORE DEFORMANCE DETURN.		_		Enter deller emen	unto anlu
		•READ INSTRUCTIONS BEFORE PREPARING RETURN• LINE 10, TOTAL GROSS INCOME IS \$12,000 OR LESS, NO TO	AX IS DUE AND	If the	e amount is zer	Enter dollar amou ro, leave line blank;	if it is a minus, fill in the oval.
	NO 1	O RETURN IS REQUIRED TO BE FILED  Gross receipts, minus returns and allowances		1			00
		• ′	rations				00
	2	Cost of goods sold (from D-30 Schedule A) and/or open		2			
ليا	3	Gross profit Line 1 minus Line 2.	Fill in if minus:	3			00
GROSS INCOME	4	Dividends Minus Subpart F income (Attach statement).		4			00
$\frac{1}{2}$	5	Interest Attach statement showing calculations.		5			00
	6	Gross rental income from D-30, Schedule D.	Fill in if minus:	6			
SOS	7	Royalties Attach statement.		7			
GF	8	(a) Net capital gain Attach a copy of your federal Schedule E		8a			.00
		(b) Ordinary gain (loss) from Part II, federal Form 4797  Attach a copy of your Form 4797.	Fill in if minus:	8b			00
	9	Other income Attach detailed statement.	Fill in if minus:	9			.00
	10	Total gross income Add Lines 3–9.	Fill in if minus:	10			.00
	11	Salaries and wages (Do not include owner(s)/member(s)).		11			.00
	12	? Repairs		12			.00
	13	B Bad debts Attach a copy of any statement filed with your feder	eral return.	13			.00
	14	Rental expenses related to rental income Do not take feder tion or extra IRC	ral bonus deprecia-	14			.00
S	15	i Rent	§179 expenses.	15			.00
9	16	Taxes from D-30, Schedule C.		16			.00
C.	17	Interest expense from D-30, Schedule E.		17			00
DEDUCTIONS	18	Contributions and/or gifts from D-30, Schedule B.		18			00
	19	Amortization Attach a copy of your federal Form 4562, Part V	VI.	19			00
		Depreciation Attach a copy of your federal Form 4562. Do no		20			00
		additional federal bonus depreciation.		20			00
	21	Other allowable deductions from D-30, Schedule G.		21			00
	22	? Total deductions Add Lines 11–21.		22			00

Taxpayer Name:



FEI	N or S	SSN:		0 /	0	3 0	0 1 2 0	0 0 0
						ENT	ER DOLLAR AMOU	
	23	Net income Line 10 minus Line 22.	Fill in if minus:	23				.00
	24	Net operating loss deduction for years before 2000.		24				.00
	25	Net income after NOL deduction Line 23 minus Line 24.	Fill in if minus:	25				.00
	26	(a) Non-business income Attach an allocation statement.	Fill in if minus:	26a				.00
		(b) Minus: Related expense Attach an allocation statement.		26b				.00
TAXABLE INCOME		(c) Subtract Line 26(b) from Line 26(a)	Fill in if minus:	26c				.00
	27	Net income from trade or business subject to apportionment <i>Line 25 minus Line 26(c).</i>	Fill in if minus:	27				00
	28	DC apportionment factor from D-30, Schedule F, Col 3, Line 5.		28				
	29	Net income from trade or business apportioned to DC <i>Multiply Line</i> 27 <i>by the factor on Line</i> 28.	Fill in if minus:	29				00
AXAB	30	Portion of Line 26(c) attributable to DC Attach statement.	Fill in if minus:	30 \$				00
1	31	Total District net income (loss) Combine Lines 29 and 30.	Fill in if minus:	31 \$				00
	32	Salary for owner(s) / member(s) services from D-30, Sche	dule J, Column 4	32				00
	33	Exemption Maximum is \$5000. Enter days in DC. → 33a  If less than 365 days in DC, see page 9 for amount to claim.		33 \$				00
	34	Total taxable income before apportioned NOL deduction Line 31 minus total of Lines 32 and 33	34 \$				00	
	35	Apportioned NOL deduction Losses occurring in year 2000 and	later	35 \$				.00
	36	Total taxable income Line 34 minus Line 35.	Fill in if minus:	36				.00
	37	<b>Tax</b> 9.975% of Line 36. If less than \$100 enter \$100.		37				.00
Z	38	Payments						
CREDITS		(a) Tax paid, if any, with request for extension of time to (or with original return, if this is an amended return)		38a				00
0		(b) 2007 estimated franchise tax payments		38b				00
AND	39	Credits from Schedule UB, Line 13		39				00
TS	40	Add Lines 38(a) and (b) and Line 39 Enter total.		40				.00
IEN	41	Tax due If Line 37 is larger, subtract Line 40 from Line 37.	41				00	
<b>PAYMENTS</b>	42	Overpayment If Line 40 is larger, subtract Line 37 from Line 40.	42				.00	
	43	Amount you want to apply to your 2008 estimated fran	chise tax	43				.00
TAX	44	Amount to be refunded Line 42 minus Line 43		44 9				.00
•		at due vature - make navement navable to DC Transvers	Include very FFIN	I/CCNI	D 20	and tou		normant and attack it

<u>Payment due return</u> – make payment payable to: DC Treasurer. Include your FEIN/SSN, D-30 and tax year on the payment and attach it to the D-2030P voucher. Mail return and payment to PO Box 7572.

Refund or no payment due return - mail to PO Box 234. PO Box mail labels are provided with the return envelope.

Your return is due by the 15th day of the fourth month following the close of your tax year.

	Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is											
PLEASE	based on the information available to the prepa	irer.										
SIGN												
	Officer's signature	Title	Date	Telephone number of person to contact								
PAID PREPARER												
ONLY	Preparer's signature (if other than taxpayer)	Date	Firm name	Firm address								
	Preparer's FEIN, SSN or PTIN		If you want to allow the p with the Office of Tax and	oreparer to discuss this return Revenue fill in the oval.								

	- COST OF GOODS SOLD									
	at beginning of year (if different f								\$	
Minus cost  3. Cost of Lab	of items withdrawn for persona	l use		\$			Ent	er result here		
4. Material ar										
	s (attach statement) – (Additional	30% and 50	% fed	eral bonus depreci	iation and	addition	nal IRC §179 expen	ses are not allowed)		
6. Total of line	es 1 through 5								\$	
	at end of year								\$	
	ods sold (Line 6 minus Line 7). inventory valuation used								\$	
	- CONTRIBUTIONS AND/OI					or Line	e 18.)			
			\$						\$	
					TOTAL (I	imited to	15% of net income	also enter on D-30, Line 18)	\$	
					1011/L (L		1070 of fice income -	and onto on D 30, Line 10)	μ	
Schedule C	- TAXES (See specific instr	uctions for	r Line	e 16.)						
	Type of Tax			Amount			Type of Ta	Х	Am	ount
			\$						\$	
TOTAL (Enter o	n D-30, page 1, Line 16, that portio	n of the total	not in	cluded below in S	chedule D	, col. 6)	ı		\$	
Schedule D	- INCOME FROM RENT	Cal O Kin	.1 -4	Col. 3 Gro	nee	Col. 4	1 Depreciation*	Col. 5 Repairs	Col. 6 Tax	es, Interest
Col	. 1 Address of Property	Col. 2 Kin Property		Amount of F		or An	nortization (Per ral Form 4562)	(Explain in Sch. D-1)	and other I (Explain in	Expenses*
1.				\$		\$		\$	\$	
2.		-								
3.										
<u>4.</u> 5.										
6.										
	inter the total of Col. 3 on D-30	, Line 6)		\$		\$		\$	\$	
8. TOTAL OF	COLUMNS 4, 5 and 6 (Also enter or	n D-30, Line	14)						\$	
	deral 30% and 50% bonus dep $-1$ - Explanation of deduction									
Column No.	Explanation			Amount		ımn o.		Explanation	A	mount
			\$	i					\$	

cnec	lule E - Interest expense (See specific instructions	s for	Line 17.)						
	Name and Address of Payee	Α	mount		Name and	Address of Payee			Amount
	9	5						\$	
_									
	/F.I. D.20.1: 17.11.1: (11.11.1: 1.11.1:	0.1	11.5					Φ.	
IAL	(Enter on D-30, Line 17, that portion of the total not included i	n Sche	edule D.)					\$	
hed	ule F - DC apportionment factor (See page 10 of instruct	ions)				Carr	y all facto	ors to si	x decimal pl
	d cents to the nearest dollar. If nount is zero, leave the line blank.		Column	1 TOTAL	Col	umn 2 in DC	(Co		nn 3 Factor ivided by Colum
	<b>OPERTY FACTOR:</b> Average value of real estate and tangible								
	sonal property owned or rented to and used by the unincorpod business.	\$			00 \$		00 .		
		H							
	<b>(ROLL FACTOR:</b> Total compensation paid or accrued by the accrporated business.	\$			00 \$		00 .		
SAI	ES FACTOR: All gross receipts of the unincorporated business	\$			00 \$		00 .		
othe	er than gross receipts from items of non-business income.	Φ			Ф				
SU	M OF FACTORS: (Add Column 3)								
D.C	ADDODTIONMENT FACTOR: 15 A 15-15-15-16-20-20-	aur 2	danami:	f fau !!	o abdali i i	by that come	-		
<u>БС</u>	APPORTIONMENT FACTOR: Line 4 divided by 3 if there	are 3 (	uenominators. I	i rewer than	o, aivide Line 4	by that number.			
chec	ule G- Other allowable deductions			Schedul	e H - Income	not reported (cla	imed as	nonta	(able)
	Nature of Deduction		Amount	(See pag	ge 11 of instru	ıctions.)			
		\$			Nat	ure of Income			Amou
									\$
TAL	(Also enter on D-30, Line 21)	\$		TOTAL					\$
	dule I - BALANCE SHEETS (See page 11 of Ins	tructi	ons)						
T	(**************************************		i e	GINNING O	F TAX YEAR		END 0	F TAX Y	EAR
			AMOUN	T	TOTAL	AMO	UNT		TOTAL
	1. Cash								
	Trade notes and accounts receivable								
	(a) MINUS: Allowance for bad debts								
	3. Inventories								
	4. Gov't obligations: (a) U.S. and its instrumentalities								
	(b) States, subdivisions thereof, etc								
	5. Other current assets (attach statement)								
Assets	6. Mortgage and real estate loans								
ĉ	7. Other investments								
	8. Buildings and other fixed depreciable assets							_	
	(a) MINUS: Accumulated depreciation								
	9. Depletable assets							_	
								-	
	(a) MINUS: Accumulated depletion								
	10. Land (net of any amortization)								
	Land (net of any amortization)     Intangible assets (amortizable only)							4	
	Land (net of any amortization)     Intangible assets (amortizable only)     (a) MINUS: Accumulated amortization								
	Land (net of any amortization)     Intangible assets (amortizable only)     (a) MINUS: Accumulated amortization     Other assets (attach statement)								
	Land (net of any amortization)     Intangible assets (amortizable only)     (a) MINUS: Accumulated amortization     Other assets (attach statement)     TOTAL ASSETS								
	Land (net of any amortization)     Intangible assets (amortizable only)     (a) MINUS: Accumulated amortization     Other assets (attach statement)								

 $17.\,$  Mortgages, notes, bonds payable in 1 year or more

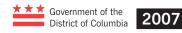
18. Other liabilities (attach statement)

20. TOTAL LIABILITIES AND CAPITAL

Liabilities

19. Capital

Schedule J - DISTRIBUTION	AND RECONCI	LIATION (	OF NET IN	ICOME (OR LO	OSS)						
Col. 1		Col. 2 Percentage of Time	Col. 3 Percentage of	Col. 4 Salary Claimed	Col. 5 Exemption Claimed	Col. 6  Net Loss  DC Source	<b>I</b>	Col. 8 Total Income (or Loss) Not Taxable to			
Name and Address of Owner(s)/ Member(s)	Social Security Number	Devoted to this Business	Ownership		Oldimed	DO GOUITO	from Outside DC	the Unincorporated			
		9	%	\$	\$	\$	\$	\$			
OTAL				\$	\$	\$	\$	\$			
Col. 4 - See page 9 of Instructions Col. 5 - See page 9 of Instructions				Enter total taxab	le income as s	shown on Line 34 o	of D-30	\$			
Col. 6 - Amount from Line 31 of D-3 Col. 7 - Enter the difference between		31 of D-30				Business from both	n within and	. \$			
SUPPLEMENTAL INFORMAT	ΓΙΟΝ										
During 2007, has the Internal Reposed any adjustments to your federal poses.		oi pio-	2. PRINCIPA	AL BUSINESS ACT	IVITY		3. DATE BUSINES	SS BEGAN			
you file any amended returns with the Yes No			1. IF BUSIN	IF BUSINESS HAS TERMINATED, STATE REASON 5. TERMINATION DATE							
If "Yes", submit separately an a detailed statement, concerning adj and Revenue, PO Box 7572, Wash	ustments, to the Office	ce of Tax	5. TYPE OF	OWNERSHIP (sole	e proprietor, pa	artnership, etc.)					
7. Place where federal income tax re	eturn for period cover	red by this ret	turn was filed	:							
8. Name(s) under which federal retu	ırn for period covered	d by this retur	n was filed:								
9. Have you filed annual Federal Info 1096 and 1099) pertaining to co			Yes	No If no,	please state re	eason:					
10. Is this return reported on the acc	rual basis?		Yes No	If no, fill in the mo	ethod used:	Cash basis Other (spe					
11. Did you withhold DC income tax of your DC employees during 200			Yes No	If no, state reason	i:						
12. Did you file a franchise tax return with the District of Columbia for If yes, enter name under which r	the year 2006?	,	Yes No If no, state reason:								
					_						
13. Does this return include income conducted by the taxpayer?			res No								
(If yes, list businesses and net in	come (loss) of each)										
14. Is income from any other busines	ss or business interes	st	Yes No								
owned by the proprietors of this in a separate return?	business being report	ted									
(If yes, list names and addresses	of the other busines	ses)									
15. Is this business an adjunct of a cany corporation?			Yes No								







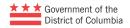
Important: Print in CAPITAL letters using black ink. Attach to your Form D-20 or D-30. See instructions below.

Taxp	payer Identification Number Fill in if FEIN Fill in if for a D-20 Ref	turn
	Fill in if SSN Fill in if for a D-30 Ret	turn
Ente	er your business name	
D 0		
D-2	0	
1.	Economic Development Zone Incentives Credit from page 12 worksheet	1 \$ .00
2.	Qualified High Technology Company Credit from Part F, DC Form D-20CR	2 \$
3.	Qualified High Technology Company Retraining Costs Credit from Part G, Form D-20CR Do not include amounts from Line 2 above	3 \$
4.	Organ and Bone Marrow Donor Credit	4 \$ .00
5.		5
6.		6
7.	Total the D-20 credits, enter here and on Form D-20, Line 39. <i>These credits may not be applied against the \$100 minimum tax.</i>	7 \$
D-3	0	
8.	Economic Development Zone Incentives Credit from page 12 worksheet	8 \$
9.	Qualified High Technology Company Retraining Costs Credit from Line 6, DC Form D-30CR	9 \$
10.	Organ and Bone Marrow Donor Credit	10\$ .00
11.		11
12.		12
13.	Total the D-30 credits, enter here and on Form D-30, Line 39. <i>These credits may not be applied against the \$100 minimum tax.</i>	13\$ .00
	nedule UB Instructions lified High Technology Companies	
If yo	u claim credits on Line 2 or 3 above, be sure to attach py of your DC Form D-20CR to the D-20. If you claim	

a credit on line 9 above, attach a copy of your DC Form D-30CR to the D-30.

# Organ and Bone Marrow Donor Credit

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or bone marrow (up to 7 days leave) is eligible for a credit against franchise tax. You can take a credit amount equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also deduct the salary paid for that period.





# D-30 Unincorporated Business Franchise Tax Return



Important: Print in CAPITAL letters using black ink.

ШР	Ortar	t. I THIL III OAI TIAL letters using black link.		U	7 0 3	0 0 1 1	0 0 0 0
Тахр	ayer I	dentification Number Fill in if FEIN NAICS COD	DE fill in			OFFIC	CIAL USE
Busir	ness r	Fill in if SSN			Taxable v	year beginning MM/Y	/Y Taxable year ending MM/YY
						,	
Busir	ness a	ddress line #1				Fill in if /	Amended Return
							Certified QHTC
Busir	ness a	ddress line #2					Final Return
City				State	Zip Cod	de + 4	
Maili	ng ad	dress line #1				Numbe	r of business locations
Maili	na od	dross line #2				In DC	
IVIAIII	ng au	dress line #2					.00
City				State	Zip Coo	Outside de + 4	DC
o.e,				Otato	2.5 000	-	
	_	DEAD INCTRICTIONS DEFORE DEFORMANCE DETURN.		_		Enter deller emen	unto anlu
		•READ INSTRUCTIONS BEFORE PREPARING RETURN• LINE 10, TOTAL GROSS INCOME IS \$12,000 OR LESS, NO TO	AX IS DUE AND	If the	e amount is zer	Enter dollar amou ro, leave line blank;	if it is a minus, fill in the oval.
	NO 1	O RETURN IS REQUIRED TO BE FILED  Gross receipts, minus returns and allowances		1			00
		• ′	rations				00
	2	Cost of goods sold (from D-30 Schedule A) and/or open		2			
ليا	3	Gross profit Line 1 minus Line 2.	Fill in if minus:	3			00
GROSS INCOME	4	Dividends Minus Subpart F income (Attach statement).		4			00
$\frac{1}{2}$	5	Interest Attach statement showing calculations.		5			00
	6	Gross rental income from D-30, Schedule D.	Fill in if minus:	6			
SOS	7	Royalties Attach statement.		7			
GF	8	(a) Net capital gain Attach a copy of your federal Schedule E		8a			.00
		(b) Ordinary gain (loss) from Part II, federal Form 4797  Attach a copy of your Form 4797.	Fill in if minus:	8b			00
	9	Other income Attach detailed statement.	Fill in if minus:	9			.00
	10	Total gross income Add Lines 3–9.	Fill in if minus:	10			.00
	11	Salaries and wages (Do not include owner(s)/member(s)).		11			.00
	12	? Repairs		12			.00
	13	B Bad debts Attach a copy of any statement filed with your feder	eral return.	13			.00
	14	Rental expenses related to rental income Do not take feder tion or extra IRC	ral bonus deprecia-	14			.00
S	15	i Rent	§179 expenses.	15			.00
9	16	Taxes from D-30, Schedule C.		16			.00
C.	17	Interest expense from D-30, Schedule E.		17			00
DEDUCTIONS	18	Contributions and/or gifts from D-30, Schedule B.		18			00
	19	Amortization Attach a copy of your federal Form 4562, Part V	VI.	19			00
		Depreciation Attach a copy of your federal Form 4562. Do no		20			00
		additional federal bonus depreciation.		20			00
	21	Other allowable deductions from D-30, Schedule G.		21			00
	22	? Total deductions Add Lines 11–21.		22			00

Taxpayer Name:



FEI	N or S	SSN:		0 /	0	3 0	0 1 2 0	0 0 0
						ENT	ER DOLLAR AMOU	
	23	Net income Line 10 minus Line 22.	Fill in if minus:	23				.00
	24	Net operating loss deduction for years before 2000.		24				.00
	25	Net income after NOL deduction Line 23 minus Line 24.	Fill in if minus:	25				.00
	26	(a) Non-business income Attach an allocation statement.	Fill in if minus:	26a				.00
		(b) Minus: Related expense Attach an allocation statement.		26b				.00
		(c) Subtract Line 26(b) from Line 26(a)	Fill in if minus:	26c				.00
ME	27	Net income from trade or business subject to apportionment <i>Line 25 minus Line 26(c).</i>	Fill in if minus:	27				00
8	28	DC apportionment factor from D-30, Schedule F, Col 3, Line 5.		28				
	29	Net income from trade or business apportioned to DC <i>Multiply Line</i> 27 <i>by the factor on Line</i> 28.	Fill in if minus:	29				00
TAXABLE INCOM	30	Portion of Line 26(c) attributable to DC Attach statement.	Fill in if minus:	30 \$				00
1	31	Total District net income (loss) Combine Lines 29 and 30.	Fill in if minus:	31 \$				00
	32	Salary for owner(s) / member(s) services from D-30, Sche	dule J, Column 4	32				00
	33	Exemption Maximum is \$5000. Enter days in DC. → 33a  If less than 365 days in DC, see page 9 for amount to claim.		33 \$				00
	34	4 Total taxable income before apportioned NOL deduction Fill in if minus:  Line 31 minus total of Lines 32 and 33						00
	35	Apportioned NOL deduction Losses occurring in year 2000 and later						.00
	36	Total taxable income Line 34 minus Line 35.	Fill in if minus:	36				.00
	37	<b>Tax</b> 9.975% of Line 36. If less than \$100 enter \$100.		37				.00
Z	38	Payments						
CREDITS		(a) Tax paid, if any, with request for extension of time to (or with original return, if this is an amended return)		38a				00
0		(b) 2007 estimated franchise tax payments		38b				00
AND	39	Credits from Schedule UB, Line 13		39				00
TS	40	Add Lines 38(a) and (b) and Line 39 Enter total.		40				.00
IEN	41	Tax due If Line 37 is larger, subtract Line 40 from Line 37.	41				00	
<b>PAYMENTS</b>	42	2 Overpayment If Line 40 is larger, subtract Line 37 from Line 40.						.00
	43	Amount you want to apply to your 2008 estimated fran	chise tax	43				.00
TAX	44	Amount to be refunded Line 42 minus Line 43						.00
•		at due vature - make navement navable to DC Transvers	Include very FFIN	I/CCNI	D 20	and tou		normant and attack it

<u>Payment due return</u> – make payment payable to: DC Treasurer. Include your FEIN/SSN, D-30 and tax year on the payment and attach it to the D-2030P voucher. Mail return and payment to PO Box 7572.

Refund or no payment due return - mail to PO Box 234. PO Box mail labels are provided with the return envelope.

Your return is due by the 15th day of the fourth month following the close of your tax year.

	Under penalties of law, I declare that I have exa		st of my knowledge, it is o	correct. Declaration of paid preparer is
PLEASE	based on the information available to the prepa	irer.		
SIGN				
	Officer's signature	Title	Date	Telephone number of person to contact
PAID PREPARER				
ONLY	Preparer's signature (if other than taxpayer)	Date	Firm name	Firm address
	Preparer's FEIN, SSN or PTIN		If you want to allow the p with the Office of Tax and	oreparer to discuss this return Revenue fill in the oval.

	- COST OF GOODS SOLD									
	at beginning of year (if different f								\$	
	Minus cost of items withdrawn for personal use									
4. Material ar										
	s (attach statement) – (Additional	30% and 50	% fed	eral bonus depreci	iation and	addition	nal IRC §179 expen	ses are not allowed)		
6. Total of line	es 1 through 5								\$	
	at end of year								\$	
	ods sold (Line 6 minus Line 7). inventory valuation used								\$	
	- CONTRIBUTIONS AND/OI					or Line	e 18.)			
			\$						\$	
					TOTAL (I	imited to	15% of net income	also enter on D-30, Line 18)	\$	
					1011/L (L		1070 of fice income -	and onto on D 30, Line 10)	μ	
Schedule C	- TAXES (See specific instr	uctions for	r Line	e 16.)						
	Type of Tax			Amount			Type of Ta	Х	Am	ount
			\$						\$	
TOTAL (Enter o	n D-30, page 1, Line 16, that portio	n of the total	not in	cluded below in S	chedule D	, col. 6)	ı		\$	
Schedule D	- INCOME FROM RENT	Cal O Kin	.1 -4	Col. 3 Gro	nee	Col. 4	1 Depreciation*	Col. 5 Repairs	Col. 6 Tax	es, Interest
Col	. 1 Address of Property	Col. 2 Kin Property		Amount of F		or An	nortization (Per ral Form 4562)	(Explain in Sch. D-1)	and other I (Explain in	Expenses*
1.				\$		\$		\$	\$	
2.		-								
3.										
<u>4.</u> 5.										
6.										
	inter the total of Col. 3 on D-30	, Line 6)		\$		\$		\$	\$	
8. TOTAL OF	COLUMNS 4, 5 and 6 (Also enter or	n D-30, Line	14)						\$	
	deral 30% and 50% bonus dep $-1$ - Explanation of deduction									
Column No.	Explanation			Amount		ımn o.		Explanation	A	mount
			\$	i					\$	

cnec	lule E - Interest expense (See specific instructions	s for	Line 17.)						
	Name and Address of Payee	Α	mount		Name and	Address of Payee			Amount
	9	5						\$	
_									
	/F.I. D.20.1: 17.11.1: (11.11.1: 1.11.1:	0.1	11.5					Φ.	
IAL	(Enter on D-30, Line 17, that portion of the total not included i	n Sche	edule D.)					\$	
hed	ule F - DC apportionment factor (See page 10 of instruct	ions)				Carr	y all facto	ors to si	x decimal pl
	d cents to the nearest dollar. If nount is zero, leave the line blank.		Column	1 TOTAL	Col	umn 2 in DC	(Co		nn 3 Factor ivided by Colum
	<b>OPERTY FACTOR:</b> Average value of real estate and tangible								
	sonal property owned or rented to and used by the unincorpod business.	\$			00 \$		00 .		
		H							
	<b>(ROLL FACTOR:</b> Total compensation paid or accrued by the accrporated business.	\$			00 \$		00 .		
SAI	ES FACTOR: All gross receipts of the unincorporated business	\$			00 \$		00 .		
othe	er than gross receipts from items of non-business income.	Φ			Ф				
SU	M OF FACTORS: (Add Column 3)								
D.C	ADDODTIONMENT FACTOR: 15 A 15-15-15-16-20-20-	aur 2	danami:	f fau !!	o abdali i i	by that come	-		
טע —	APPORTIONMENT FACTOR: Line 4 divided by 3 if there	are 3 (	uenominators. I	i rewer than	o, aivide Line 4	by that number.			
chec	ule G- Other allowable deductions			Schedul	e H - Income	not reported (cla	imed as	nonta	(able)
	Nature of Deduction		Amount (See page 11 of instructions.)						
		\$			Nat	ure of Income			Amou
									\$
TAL	(Also enter on D-30, Line 21)	\$		TOTAL					\$
	dule I - BALANCE SHEETS (See page 11 of Ins	tructi	ons)						
T	(**************************************		i e	GINNING O	F TAX YEAR		END 0	F TAX Y	EAR
			AMOUN	T	TOTAL	AMO	UNT		TOTAL
	1. Cash								
	Trade notes and accounts receivable								
	(a) MINUS: Allowance for bad debts								
	3. Inventories								
	4. Gov't obligations: (a) U.S. and its instrumentalities								
	(b) States, subdivisions thereof, etc								
	5. Other current assets (attach statement)								
Assets	6. Mortgage and real estate loans								
ĉ	7. Other investments								
	8. Buildings and other fixed depreciable assets							_	
	(a) MINUS: Accumulated depreciation								
	9. Depletable assets							_	
								-	
	(a) MINUS: Accumulated depletion								
	10. Land (net of any amortization)								
	Land (net of any amortization)     Intangible assets (amortizable only)							4	
	Land (net of any amortization)     Intangible assets (amortizable only)     (a) MINUS: Accumulated amortization								
	Land (net of any amortization)     Intangible assets (amortizable only)     (a) MINUS: Accumulated amortization     Other assets (attach statement)								
	Land (net of any amortization)     Intangible assets (amortizable only)     (a) MINUS: Accumulated amortization     Other assets (attach statement)     TOTAL ASSETS								
	Land (net of any amortization)     Intangible assets (amortizable only)     (a) MINUS: Accumulated amortization     Other assets (attach statement)								

 $17.\,$  Mortgages, notes, bonds payable in 1 year or more

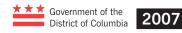
18. Other liabilities (attach statement)

20. TOTAL LIABILITIES AND CAPITAL

Liabilities

19. Capital

Schedule J - DISTRIBUTION	AND RECONCI	LIATION (	OF NET IN	ICOME (OR LO	OSS)			
Col. 1		Col. 2 Percentage of Time	Col. 3 Percentage of	Col. 4 Salary Claimed	Col. 5 Exemption Claimed	Col. 6  Net Loss  DC Source	<b>I</b>	Col. 8 Total Income (or Loss) Not Taxable to
Name and Address of Owner(s)/ Member(s)	Social Security Number	Devoted to this Business	Ownership		Oldimed	DO GOUITO	from Outside DC	the Unincorporated
		9	%	\$	\$	\$	\$	\$
OTAL				\$	\$	\$	\$	\$
Col. 4 - See page 9 of Instructions Col. 5 - See page 9 of Instructions				Enter total taxab	le income as s	shown on Line 34 o	of D-30	\$
Col. 6 - Amount from Line 31 of D-3 Col. 7 - Enter the difference between		31 of D-30				Business from both	n within and	. \$
SUPPLEMENTAL INFORMAT	ΓΙΟΝ							
During 2007, has the Internal Reposed any adjustments to your federal poses.		oi pio-	2. PRINCIPA	AL BUSINESS ACT	IVITY		3. DATE BUSINES	SS BEGAN
you file any amended returns with the Yes No			1. IF BUSIN	IESS HAS TERMIN	ATED, STATE	REASON	5. TERMINATION	DATE
If "Yes", submit separately an a detailed statement, concerning adj and Revenue, PO Box 7572, Wash	ustments, to the Office	ce of Tax	5. TYPE OF	OWNERSHIP (sole	e proprietor, pa	artnership, etc.)		
7. Place where federal income tax re	eturn for period cover	red by this ret	turn was filed	:				
8. Name(s) under which federal retu	ırn for period covered	d by this retur	n was filed:					
9. Have you filed annual Federal Info 1096 and 1099) pertaining to co			Yes	No If no,	please state re	eason:		
10. Is this return reported on the acc	rual basis?		Yes No	If no, fill in the mo	ethod used:	Cash basis Other (spe		
11. Did you withhold DC income tax of your DC employees during 200			Yes No	If no, state reason	i:			
12. Did you file a franchise tax return with the District of Columbia for If yes, enter name under which r	the year 2006?	,	Yes No	If no, state reason	1:			
					_			
13. Does this return include income conducted by the taxpayer?			res No					
(If yes, list businesses and net in	come (loss) of each)							
14. Is income from any other busines	ss or business interes	st	Yes No					
owned by the proprietors of this in a separate return?	business being report	ted						
(If yes, list names and addresses	of the other busines	ses)						
15. Is this business an adjunct of a cany corporation?			Yes No					







Important: Print in CAPITAL letters using black ink. Attach to your Form D-20 or D-30. See instructions below.

Taxp	payer Identification Number Fill in if FEIN Fill in if for a D-20 Ref	turn
	Fill in if SSN Fill in if for a D-30 Ret	turn
Ente	er your business name	
D 0		
D-2	0	
1.	Economic Development Zone Incentives Credit from page 12 worksheet	1 \$ .00
2.	Qualified High Technology Company Credit from Part F, DC Form D-20CR	2 \$
3.	Qualified High Technology Company Retraining Costs Credit from Part G, Form D-20CR Do not include amounts from Line 2 above	3 \$
4.	Organ and Bone Marrow Donor Credit	4 \$ .00
5.		5
6.		6
7.	Total the D-20 credits, enter here and on Form D-20, Line 39. <i>These credits may not be applied against the \$100 minimum tax.</i>	7 \$
D-3	0	
8.	Economic Development Zone Incentives Credit from page 12 worksheet	8 \$
9.	Qualified High Technology Company Retraining Costs Credit from Line 6, DC Form D-30CR	9 \$
10.	Organ and Bone Marrow Donor Credit	10\$ .00
11.		11
12.		12
13.	Total the D-30 credits, enter here and on Form D-30, Line 39. <i>These credits may not be applied against the \$100 minimum tax.</i>	13\$ .00
	nedule UB Instructions lified High Technology Companies	
If yo	u claim credits on Line 2 or 3 above, be sure to attach py of your DC Form D-20CR to the D-20. If you claim	

a credit on line 9 above, attach a copy of your DC Form D-30CR to the D-30.

# Organ and Bone Marrow Donor Credit

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or bone marrow (up to 7 days leave) is eligible for a credit against franchise tax. You can take a credit amount equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also deduct the salary paid for that period.

# D-2030P

# Instructions

The D-2030P Payment Voucher is used when making any payment due on your D-20 or D-30 return.

- Fill in the ovals indicating the return you are filing, D-20 or D-30 and whether you are entering a FEIN or SSN;
- Enter the amount of your payment;
- Enter the name and address as they appear on your return;
- · Make your check or money order payable to the DC Treasurer;
- Write your FEIN/SSN, tax period and the return filed (D-20 or D-30) on your payment;
- Staple your payment only to the D-2030P;
- Mail the D-2030P with, but not attached to, your tax return in the envelope provided in this booklet; and
- Use the correct mail label from the back flap of the return envelope.
- If you do not have the return envelope and you are filing a <u>D-20 return</u>, mail your return and Form D-2030P, with the payment attached, to the Office of Tax and Revenue, PO Box 679, Washington, DC 20044-0679.
- If you do not have the return envelope and you are filing a <u>D-30 return</u>, mail your return and Form D-2030P, with the payment attached, to the Office of Tax and Revenue, PO Box 7572, Washington, DC 20044-7572.

Note: If you are filing a refund or no payment due return do not use the D-2030P; use the mail label (PO Box 221 for the D-20 or PO Box 234 for the D-30) from the back flap of the return envelope.

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue.

Government of the District of Columbia 2007	<b>D-2030P</b> Payme	ent Voucher						
Important: Print in all CAPITAL lette	Important: Print in all CAPITAL letters using black ink.							
Taxpayer Identification Number		ill in if D-20 Return						
Business name	1111111 11 3314 F	III III — II D-30 Return		Taxable year beginning MM/YY	Taxable year ending MM/YY			
Mailing address								
City			State	Zip Code + 4				
Amount of payment \$				dollars only. To avoid penal postmarked no later than th				

# D-2030P

# Instructions

The D-2030P Payment Voucher is used when making any payment due on your D-20 or D-30 return.

- Fill in the ovals indicating the return you are filing, D-20 or D-30 and whether you are entering a FEIN or SSN;
- Enter the amount of your payment;
- Enter the name and address as they appear on your return;
- · Make your check or money order payable to the DC Treasurer;
- Write your FEIN/SSN, tax period and the return filed (D-20 or D-30) on your payment;
- Staple your payment only to the D-2030P;
- Mail the D-2030P with, but not attached to, your tax return in the envelope provided in this booklet; and
- Use the correct mail label from the back flap of the return envelope.
- If you do not have the return envelope and you are filing a <u>D-20 return</u>, mail your return and Form D-2030P, with the payment attached, to the Office of Tax and Revenue, PO Box 679, Washington, DC 20044-0679.
- If you do not have the return envelope and you are filing a <u>D-30 return</u>, mail your return and Form D-2030P, with the payment attached, to the Office of Tax and Revenue, PO Box 7572, Washington, DC 20044-7572.

Note: If you are filing a refund or no payment due return do not use the D-2030P; use the mail label (PO Box 221 for the D-20 or PO Box 234 for the D-30) from the back flap of the return envelope.

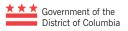
Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue.

Government of the District of Columbia 2007	<b>D-2030P</b> Payme	ent Voucher						
Important: Print in all CAPITAL lette	Important: Print in all CAPITAL letters using black ink.							
Taxpayer Identification Number		ill in if D-20 Return						
Business name	1111111 11 3314 F	III III — II D-30 Return		Taxable year beginning MM/YY	Taxable year ending MM/YY			
Mailing address								
City			State	Zip Code + 4				
Amount of payment \$				dollars only. To avoid penal postmarked no later than th				

# FR-128

	ENTER DOLLAR AMOUNTS ONLY	
1 Total Tax Liability for the tax period.	1 \$	00
2 Estimated Franchise Tax Payments (include any overpayment credit).	2 \$	00
3 Other payments.	3 \$	00
4 Total payments and credits (Add Lines 2 and 3).	4 \$	00
5 Balance due (Line 1 minus Line 4). Payment in full must be submitted with this form or your request will be denied. (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.)	5 \$	.00
▼ Sign on the back of the form FR-128 ▼		

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue.



2007 FR-128 Extension of Time to File DC Franchise or Partnership Return



Federal Employer I.D. Number	Social Security Number (if self-employed)	
Business Name		Taxable year beginning MM/YY Taxable year ending MM/YY
Business mailing address		
City	State	e Zip Code +4
A 6-month extension of time to file until	15, 2008, for calendar year 2007, or until	,, for fiscal year ending
,, is requested for the foll	lowing return:	
(fill in one): D-20 D-30 D-65	Amount submitted with this form	\$ .00

Revised 08/07

# INSTRUCTIONS

# **Purpose**

Use Form FR-128 to request a 6-month extension of time to file a Corporation Franchise Tax Return (Form D-20), an Unincorporated Business Franchise Tax Return (Form D-30), or a Partnership Return of Income (Form D-65).

# When to file

The request for an extension of time to file must be submitted no later than the due date of the return.

# Where to submit your request

Mail the completed FR-128 with your payment in full of any tax due to: Office of Tax and Revenue, PO Box 7792, Washington, DC 20044-7792. Be sure to sign and date the FR-128. Make your payment out to the DC Treasurer. On the payment include your FEIN or SSN, FR-128 and the tax year.

**Note:** If you are a Qualified High Technology Company please submit a completed DC Form QHTC-CERT with your extension request.

# **Extension of time to file**

A 6-month extension of time to file will be allowed if you complete this form properly, file it on time and *PAY* the full amount of tax due shown on Line 5. When you file your return (D-20/D-30/D-65), attach a copy of the FR-128 which you filed. A separate extension request must be filed for each return. Blanket requests for extensions will not be accepted.

# **Federal extension forms**

The Office of Tax and Revenue does not accept the federal application for an extension of time to file. **You must use DC Form FR-128.** 

## **Additional extension of time**

No additional extension of time to file will be granted beyond the 6-month extension unless the taxpayer is outside the continental limits of the United States. In this case, an additional extension of 6 months may be granted.

# **Signature**

The request must be signed by:

- Corporations any designated or authorized officer;
- Unincorporated businesses any owner or member;
- Partnerships any member; or
- Paid preparers also provide your identification number.

**Note:** Receivers, trustees in bankruptcy, or assignees that are in control of the property, business or organization must sign the request for extension.

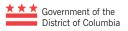
#### Detach and Mail

	Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct.  Declaration of paid preparer is based on the information available to the preparer.			
PLEASE SIGN HERE				Telephone Number of Person to Contact
	Taxpayer(s) signature(s) (See instructions)	Title	Date	
				Paid Preparer's FEIN, SSN or PTIN
PAID PREPARER ONLY	Paid preparer's signature (If other than taxpayer)		Date	
				Telephone Number of Paid Preparer
	Firm name			
	Firm address			

# FR-128

	ENTER DOLLAR AMOUNTS ONLY	
1 Total Tax Liability for the tax period.	1 \$	00
2 Estimated Franchise Tax Payments (include any overpayment credit).	2 \$	00
3 Other payments.	3 \$	00
4 Total payments and credits (Add Lines 2 and 3).	4 \$	00
5 Balance due (Line 1 minus Line 4). Payment in full must be submitted with this form or your request will be denied. (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.)	5 \$	.00
▼ Sign on the back of the form FR-128 ▼		

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue.



2007 FR-128 Extension of Time to File DC Franchise or Partnership Return



Federal Employer I.D. Number	Social Security Number (if self-employed)	
Business Name		Taxable year beginning MM/YY Taxable year ending MM/YY
Business mailing address		
City	State	e Zip Code +4
A 6-month extension of time to file until	15, 2008, for calendar year 2007, or until	,, for fiscal year ending
,, is requested for the foll	lowing return:	
(fill in one): D-20 D-30 D-65	Amount submitted with this form	\$ .00

Revised 08/07

# INSTRUCTIONS

# **Purpose**

Use Form FR-128 to request a 6-month extension of time to file a Corporation Franchise Tax Return (Form D-20), an Unincorporated Business Franchise Tax Return (Form D-30), or a Partnership Return of Income (Form D-65).

# When to file

The request for an extension of time to file must be submitted no later than the due date of the return.

# Where to submit your request

Mail the completed FR-128 with your payment in full of any tax due to: Office of Tax and Revenue, PO Box 7792, Washington, DC 20044-7792. Be sure to sign and date the FR-128. Make your payment out to the DC Treasurer. On the payment include your FEIN or SSN, FR-128 and the tax year.

**Note:** If you are a Qualified High Technology Company please submit a completed DC Form QHTC-CERT with your extension request.

# **Extension of time to file**

A 6-month extension of time to file will be allowed if you complete this form properly, file it on time and *PAY* the full amount of tax due shown on Line 5. When you file your return (D-20/D-30/D-65), attach a copy of the FR-128 which you filed. A separate extension request must be filed for each return. Blanket requests for extensions will not be accepted.

# **Federal extension forms**

The Office of Tax and Revenue does not accept the federal application for an extension of time to file. **You must use DC Form FR-128.** 

## **Additional extension of time**

No additional extension of time to file will be granted beyond the 6-month extension unless the taxpayer is outside the continental limits of the United States. In this case, an additional extension of 6 months may be granted.

# **Signature**

The request must be signed by:

- Corporations any designated or authorized officer;
- Unincorporated businesses any owner or member;
- Partnerships any member; or
- Paid preparers also provide your identification number.

**Note:** Receivers, trustees in bankruptcy, or assignees that are in control of the property, business or organization must sign the request for extension.

#### Detach and Mail

	Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct.  Declaration of paid preparer is based on the information available to the preparer.			
PLEASE SIGN HERE				Telephone Number of Person to Contact
	Taxpayer(s) signature(s) (See instructions)	Title	Date	
				Paid Preparer's FEIN, SSN or PTIN
PAID PREPARER ONLY	Paid preparer's signature (If other than taxpayer)		Date	
				Telephone Number of Paid Preparer
	Firm name			
	Firm address			



# **D-30 NOL** Net Operating Loss Deduction for Years Before 2000

Complete a separate D-30 NOL for each business carrying forward a NOL. Please attach to your D-30.

Name of business			FEIN/SSN
Year	District net income/loss	Losses claimed	Losses remaining
Oldest loss year	\$	\$	\$
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
	Summary:	Total losses claimed \$	Total losses (to be carried forward) \$



# **D-30 NOL** Net Operating Loss Deduction for Year 2000 and Later

Complete a separate D-30 NOL for each business carrying forward a NOL. Please attach to your D-30.

Name of business			FEIN/SSN
	•		
Year	District net income/loss	Losses claimed	Losses remaining
Oldest loss year	\$	\$	\$
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
	Summary:	Total losses claimed	Total losses (to be carried forward) \$



# 2007 D-2030C Change of Name or Address



Important: Print in CAPITAL letters using black ink. Taxpayer Identification Number if FEIN Fill in if SSN Taxable year ending MM/YYYY Taxable year beginning MM/YYYY Old Business Name Old Mailing address line #1 Old Mailing address line #2 City State Zip Code + 4 DATE OF CHANGE MMDDYYYY New Taxpayer Identification Number (if applicable) New Business Name New Mailing address line #1 New Mailing address line #2 City State Zip Code + 4 Contact person Contact telephone number

# **Instructions**

The D-2030C "Change of Name or Address" form may be used to make a name or address change for your Corporation or Unincorporated

# "Business.

- Fill in your taxpayer identification number.
- Fill in the appropriate oval to indicate whether the number is a Federal Employer Identification Number (FEIN) or a Social Security Number (SSN).
- · Complete all lines affected by your change.
- Fill in the contact person and telephone number fields.
- Mail this form to the Office of Tax and Revenue, PO Box 470, Washington, DC 20044-0470.
   D-2030C P1
   Change of Name or Address